

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005273

AMENDED

Registration District No. 362  
**FILED FEB 7 1962**Primary Registration District No. 4531 Registrar's No. 10

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Warren</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrenton</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Katie Jane Home</b>		d. STREET ADDRESS (If outside, give location) <b>4982 Miami</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Carl</b> Middle <b>Anton</b> Last <b>Johnson</b>		<b>4. DATE OF DEATH</b> Month <b>February</b> Day <b>1</b> Year <b>1962</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>12/19/1878</b>
<b>9. AGE</b> (last birthday) <b>83</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Registered Nurse</b>	
<b>11. BIRTHPLACE</b> (City and state or country) <b>Sweden</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A.</b>	
<b>13a. FATHER'S NAME</b> <b>Otis Johnson</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Stella Johnson</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	
<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> Address <b>Stella Johnson, Marthasville, Mo.</b>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, bilateral, hypostatic</b> DUE TO (b) <b>Generalized arteriosclerosis with arteriosclerotic heart disease</b> DUE TO (c) <b>Senile dementia</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour <b>6:30</b> a.m. <b>p.m.</b> Month, Day, Year <b>9-1-55</b> to <b>2-1-62</b>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> <b>Warrenton, Missouri</b>	
<b>21. I attended the deceased from</b> <b>9-1-55</b> to <b>2-1-62</b> and last saw him alive on <b>2-1-62</b> Death occurred at <b>6:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		<b>22a. SIGNATURE</b> (Degree or title) <b>Harold Hochstetler M.D.</b>	
<b>22b. ADDRESS</b> <b>Warrenton, Missouri</b>		<b>22c. DATE SIGNED</b> <b>2/2/62</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>2/4/1962</b>	
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Paul's Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Marthasville, Missouri</b>	
<b>24. FUNERAL DIRECTOR</b> <b>D. F. Lichtenberg, Marthasville, Mo.</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>Feb. 2, 1962</b>	
<b>26. REGISTRAR'S SIGNATURE</b> <b>Floyd Logan</b>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Alfred F. Lusk*

Licensed Embalmer No. 4318

P. O. Address Marthasville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.